

**BUREAU OF MOTOR VEHICLES  
MOTORCYCLE SAFETY PROGRAM**

**#29 STATE HOUSE STATION**

**AUGUSTA, MAINE 04333-0029**

**Telephone: (207) 624-9156**

**Fax: (207) 624-9158**

**Email: *Driver.Education@maine.gov***

**MOTORCYCLE SAFETY EDUCATION  
CLASS COMPLETION REPORT**

**ATTACHED TO THIS REPORT IS A LIST OF THE FULL NAMES, LEGAL RESIDENCES, BIRTH DATES, COURSE COMPLETION CERTIFICATE NUMBERS FOR ALL STUDENTS COMPLETING THIS COURSE IN MOTORCYCLE SAFETY EDUCATION. THIS FORM MUST BE MAILED TO THE BUREAU OF MOTOR VEHICLES AT THE ABOVE ADDRESS WITHIN 7 DAYS OF COMPLETION OF THE COURSE.**

**PLEASE PRINT OR TYPE THIS REPORT**

**1 School Name**\_\_\_\_\_

**2. Actual School Location**\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/Town) (State) (Zip Code)

**Telephone#**\_\_\_\_\_ **School License#**\_\_\_\_\_

**3. Instructor Name(s)**\_\_\_\_\_

**4. Class Start-up Date**\_\_\_\_\_

**5. Course Ending Date**\_\_\_\_\_

**6. Number of Students Completing Course: MMSEC**\_\_\_\_\_ **BRC**\_\_\_\_\_ **Total**

**I CERTIFY THAT EACH STUDENT HAS COMPLETED AN APPROVED MOTORCYCLE SAFETY EDUCATION COURSE AS SET FORTH BY THE SECRETARY OF STATE. I UNDERSTAND THAT KNOWINGLY SUPPLYING FALSE INFORMATION ON THIS FORM IS A CLASS D CRIME AND THAT ANY FALSE INFORMATION WILL RESULT IN THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED TO ME.**

**LICENSEE'S SIGNATURE**\_\_\_\_\_ **DATE**\_\_\_\_\_

## CLASS ROSTER AND RECORD OF INSTRUCTION

<b>NAME</b>			<b>LEGAL ADDRESS / PHONE #</b>	<b>DATE OF BIRTH</b>	<b>MM SEC</b>	<b>BRC</b>	<b>W/O LENSES</b>	<b>W LENSES</b>	<b>C.C.C. *</b>	<b>Permit Number (If applicable)</b>
<b>LAST</b>	<b>FIRST</b>	<b>MI</b>								
							R20/ L20/	R20/ L20/		
							R20/ L20/	R20/ L20/		
							R20/ L20/	R20/ L20/		
							R20/ L20/	R20/ L20/		
							R20/ L20/	R20/ L20/		
							R20/ L20/	R20/ L20/		
							R20/ L20/	R20/ L20/		
							R20/ L20/	R20/ L20/		
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							R20/ L20/	R20/ L20/		

• **C.C.C. = COURSE COMPLETION CERTIFICATE NUMBER**

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